

# How Long Is a Minute?

## *The Importance of a Measured Plan of Response to Crisis Situations*

Perry S. Bickel

Physical interventions for special education students in crisis remains a controversial concept. The first minute of a crisis situation represents the most crucial time to prevent injury or the exacerbation of injury. Although preventing violence and escalation of negative emotions is the first step in crisis management, school staff also must be prepared for all possibilities, such as student fights, student assaults, and acts of student self-injury. What are the components of a proactive plan for implementing emergency interventions? What student safeguards should be included? Administrators need to support educational staff acting as first responders, with appropriate initial training, ongoing training, and administrative review. The dangers of failing to respond to crisis situations in a decisive and appropriate manner make this an issue of importance to all schools.

How long is a minute? One approach to teaching the concept of time to young children is a simple exercise parents can implement at home:

1. Explain to the child that you want to find out how long a minute really is, and then start a minute timer.
2. Tell the child when the minute begins and when it ends.

3. Then try it again. This time, ask the child to predict whether she can finish a specific task before a minute is up. Pick a kitchen chore (setting the table, putting ingredients away, sweeping the floor); set the timer for 1 minute, and then work together to accomplish it before the timer goes off.

The importance of having an accurate perception of time intervals can be applied to adults as well with a similar educational focus, as they experience the darker side of human nature during crisis situations. As a former staff effectiveness trainer at a special school for potentially aggressive students with emotional disorders, I found this simple lesson to offer a powerful segue into teaching staff the importance of responding both quickly and appropriately in the event of a student crisis situation. I modified the format of the lesson so that it would fit the nature of the staff training involved. Instead of focusing on positive kitchen tasks, the concept was how much potential damage or injury could be inflicted by a student or students in a single minute of time during a crisis situation. I asked adult trainees in a class of 10 students to count how many times they could throw a punch at an imagi-

nary opponent in a minute. At the end of the exercise, we tabulated the responses and calculated the average; the “average response” proved to be less important than the fact that each person easily exceeded 100 punches. The concept was easily grasped by each sweating and breathless trainee: A great deal of injury or damage can be inflicted with just bare fists alone in a very short period of time, 1 minute or less. This exercise highlights the urgency and importance of training staff to promptly and appropriately respond during a crisis situation, in a way that cannot be duplicated solely through conventional instructional (verbal) means.

### **Ongoing Debate Concerning the Appropriateness of Physical Interventions**

The issue of responding quickly to student crisis situations is made more complicated today owing to the ongoing and expanding debate concerning the nature and appropriateness of physical interventions being utilized. A growing segment of the professional population, spurred on by the media (notably Weis, 1998) is suggesting, for example, that physical interventions of any kind are both dangerous and unnecessary and can result in injury or

even death for students entrusted to our care. The potential danger that can result from the inappropriate use of physical intervention techniques—particularly when inappropriately initiated as a form of punishment or coercion to modify or deter certain types of student behavior—is definitely cause for concern. Even some of the most vocal opponents of utilizing student restraints, however, acknowledge that there are certain situations involving the health and safety of students and others that warrant the use of appropriate restraint techniques, subject to certain conditions (National Disability Rights Network, 2009):

- Staff utilizing restraint techniques must be thoroughly trained in their safe implementation.
- Restraint should always be initiated with the least restrictive technique, utilized with the least amount of physical force, and for the least amount of time necessary to help the student(s) regain control of his/her behavior.
- Any restraint techniques should be developed in conjunction with a proactive plan of evidence-based positive behavior supports that focus on helping students develop alternative and more positive coping strategies.

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- School staff should be thoroughly trained in the use of positive behavior supports.
- All school personnel should have had a thorough background check.
- A thorough review process, including parental involvement, should follow any incident involving the use of restraint techniques.
- All incidents should be supported by written documentation, describing the reason for the restraint, staff involved, and specific restraint techniques utilized.

under any circumstances. (pp. 35–41)

**Situations Warranting the Use of Physical Intervention Techniques**

In certain situations, some type of physical intervention is required to protect students, staff, or visitors from injury and/or the potential for further injury:

- Students fighting students.
- Students assaulting other students.

- Students assaulting staff, school visitors, and so forth.
- Student in possession or control of a weapon or other dangerous object or objects.
- Intentional or unintentional self-injurious behavior.

*Intentional self-injurious behavior* would include a student who is a “cutter” and is observed in the act of self-mutilation with some type of sharp instrument. *Unintentional self-injurious behavior* would be a student who runs or attempts to run across a busy street without regard to pedestrian safety concerns or directions of the accompanying educational staff (e.g., on a school-sponsored field trip).

In each of these examples, a physical intervention can only be justified if the student(s) first receives a clear and precise command to stop the dangerous behavior in question and either refuses or is unable to



understand the potential for dangerous outcome of their behavior. Further, in each instance, a decision on the part of school staff to do nothing would almost certainly result in injury or death to either student(s) or staff. The dangerous events were already set in motion through a student or students' behavior, not in any way initiated by the school staff.

### **Identifying Potential Triggers of School Violence**

The Centers for Disease Control and Prevention's (CDC) National Youth Risk Behavior Survey of high school students identified the following risk factors:

- 5.9% of students reported having carried a weapon, such as a gun, knife, or club, on school property.
- 7.8% reported that they had been threatened or injured with a weapon, such as a gun, knife, or club, on school property.
- 12.4% reported that they had been in a fight on school property.
- 22.3% of students were offered, sold, or given an illegal drug by someone on school property during the 12 months before the survey.
- About 32% of students reported being bullied during the school year. (CDC, 2010)

Violence and the potential for violence are no strangers to America's schools. All of the risk factors noted earlier can contribute to a climate of fear that can in turn act as a trigger for further acts of violence along with efforts to justify those behaviors under the guise of self-protection.

Layered on top of these general risk factors that can apply to all students and act as triggers for ongoing negative behaviors are the unique needs of special education students. Students who have been identified as needing special emotional support services, for example, can often come to school with their own unique set of specific triggers. These may include hearing loud noises such as a fire alarm, having any change in their daily routine such as experiencing a seemingly

harmless special holiday presentation, or feeling vulnerable and unsafe when observing another student physically acting out in school.

### **Preventing the Spread of Violence Through Timely, Appropriate, and Measured Interventions**

A feeling of vulnerability and being unsafe can inhibit the educational process for general and special education students alike and contribute to a volatile atmosphere that can in turn promote acting-out behavior of various kinds. Educational staff need to be able to quickly respond to and prevent the spread of crisis situations, which further contribute to students' feeling they are in an unsafe environment. In addition to protecting the safety of each student, staff must clearly be in control and able to deal with emergencies as they arise. Failure to promote this image of being in control only contributes to increased anxieties among both students and staff and adds to a downward spiral of fear, declining morale, and, potentially, further acts of violence. There are three components of being able to convey the image of being in control in a crisis situation where physical intervention is required: (a) the timeliness of the response, (b) the appropriateness of the response, and (c) the measured nature of the response.

#### **Timeliness**

As previously noted, a great deal of physical harm can take place in a very short period time of time, 1 minute or less. In addition, failure to act quickly in the face of a crisis situation can further contribute to a negative school atmosphere in which both students and staff feel vulnerable and unsafe. The longer a particular violent incident (e.g., a fight) continues, the greater the likelihood that it will further escalate or spread through "gaper delays," gang affiliations, friend helping friend, and so on.

#### **Appropriateness**

To minimize the risk of injury, staff should use only appropriate physical

intervention techniques developed through evidence-based practices. There are a number of private companies in this field that provide ongoing certification level training programs of this nature (see Couvillon, Peterson, Ryan, Scheuermann, & Stegall, this issue). These programs vary in their certification requirements, some requiring recertification every year; utilizing a professional and planned training program further contributes to a positive and controlled atmosphere in which staff is prepared to meet all emergency situations in a proactive manner.

### **Measured Nature of the Response**

It is essential that staff not overreact during a crisis incident. Physical intervention techniques must always focus on the minimum and least restrictive intervention required to help students regain control of their behavior. Further, these techniques must be finite in duration and utilized only as long as is required to restore a safe educational environment. The measured nature of the response further illustrates that staff is not only in control of the educational environment but also in control of their own emotions and behavior despite exposure to any perceived level of negative provocation.

### **Fear, the "Elephant in the Classroom"**

A common theme in any article of this nature is fear, or, more specifically, the fears of educational staff:

- Fear of being injured while performing a physical intervention of a student(s).
- Fear of injuring a student while performing a physical intervention.
- Fear of being sued as a result of actions initiated during a physical intervention.
- Fear that the school administration will not support actions taken by line staff in a crisis situation even when done correctly.

A *crisis* is by nature an unplanned event, set in motion by the actions of others. Staff must decide whether to

intervene or not to intervene. Do the risks of not intervening exceed the risks of executing a planned and practiced intervention?

In situations where student actions represent a clear and present danger,

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the risks of not acting would seem to constitute an abdication of responsibility on the part of staff for the protection of students entrusted to their care. The proverbial “balance scale” is clearly tipped in favor of making a physical intervention to prevent the further potential for student and/or staff injury.

### **Model Proactive Plan**

Although there is never a guarantee that a staff intervention will go exactly as planned, having a planned course of action that includes extensive and ongoing staff training in evidence-based strategies can greatly minimize potential dangers and increase the likelihood of a positive outcome. Readers interested in learning more about the specifics of such a proactive plan for therapeutic behavior management in a school setting might review Wisconsin Department of Public Instruction’s (WDPI, 2009) model:

1. Restraint should only be used in an emergency (e.g., when there is immediate danger to the student and/or to others).
2. Be sure that someone trained in the use of CPR and first aid is available, if the individual(s) administering restraint is/are not certified.
3. Foreshadow for a student what will happen if restraint is necessary.
4. The use of restraint should be part of the student’s IEP, which should also include a positively focused behavior intervention plan based on a functional behavioral assessment (see cautionary comment, below).

5. Restraint should be used only for the period of time necessary to accomplish its purpose and using no more force than is necessary. The specific restraint technique should be

appropriate to the student’s age and be safe for the student.

6. Whenever possible, move other students from the immediate area rather than trying to transport an out-of-control student or restrain a student while other students are in the immediate area.
7. Develop written procedures so that the use of restraint is consistent and planned in advance.
8. It is important to ensure that staff who will use the restraint have the information and training necessary.
9. A log or incident report should be kept when physical restraint is used. Documentation is not just to avoid litigation but also assists in reassessment of the student, of staff, and of the program.
10. Use the data from the log or incident report to regularly evaluate the use of restraint; is it being appropriately used? (WDPI, 2009, pp. 5–7)

Recent guidelines (Council for Children With Behavioral Disorders, CCBBD; 2009b) suggest that the use of restraint should not be addressed in the individualized education program (IEP) on the grounds that it is not an educational or treatment modality (p. 12). This conflicts with the WDPI (2009) model. Most students with IEPs do not have behavioral needs that warrant this type or level of intervention and inclusion in the IEP. For students who do display potentially dangerous behavior, the IEP team has the option under the CCBBD guidelines of addressing the issue of restraint and the

parameters of restraint use in an attachment (i.e., *safety plan*) to the IEP (p. 13). This preserves the right of the IEP team to exercise oversight over the use of restraint (which seems to be the intent of the Wisconsin guidelines), while at the same time acknowledging that restraint is a safety measure that is separate from the educational and treatment intent of an IEP.

Reviewing the appropriateness of each use of a physical intervention strategy complements any ongoing staff training. A comprehensive training program should always incorporate





information learned from prior interventions; only in this manner can the educational staff improve their crisis skills and develop a professional esprit de corps. The Commonwealth of Pennsylvania's regulations require an IEP team to reconvene following any incident in which a restraint is employed with a special education student (22 PA. CODE § 14.133). The intent of the Pennsylvania regulations is to initiate a review process following each incident to examine the appropriateness of, the rationale for, and the methods that were utilized to help the special education student regain control.

### The Big Picture: Creating A Culture of Prevention

Although the focus of this article has been on the first minute of a crisis situation, any proposed crisis intervention strategy must also be part of a broader program of preventive efforts that reflect the overall culture or climate of a school. The basic elements of this overall strategy should incorporate the principles promoted by the CCBd:

- Behavioral interventions for children must promote the right of all children to be treated with dignity.
- All children should receive necessary educational and mental health supports and programming in a safe and least-restrictive environment.
- Positive and appropriate educational interventions, as well as mental health supports, should be provided routinely to all children who need them.
- Behavioral interventions should emphasize prevention and creating positive behavioral supports.
- Schools should have adequate staffing levels to effectively provide positive supports to students and should be staffed by appropriately trained personnel.
- All staff in schools should have mandatory conflict de-escalation training, and conflict de-escalation techniques

should be employed by all school staff to avoid and defuse crisis and conflict situations.

- All children whose pattern of behavior impedes their learning or the learning of others should receive appropriate educational assessment, including Functional Behavioral Assessments followed by Behavioral Intervention Plans which incorporate appropriate positive behavioral interventions, including instruction in appropriate behavior and strategies to de-escalate their own behavior. (CCBD, 2009a, pp. 1–2)

### Final Thoughts

In the field of education, much controversy surrounds the use of and need for physical intervention techniques. The potential for preventing injury, or preventing the exacerbation of injury, is greatest during the first minute of a crisis situation. A decision by school staff not to have in place a plan for a timely, appropriate, and measured response has the potential of contributing to more injury along with the exacerbation of existing injury. Although any intervention involves some measure of risk, this risk can be minimized with an ongoing program of appropriate staff training and administrative review and follow-up.

In order for educational staff to act decisively, however, they must first feel confident and supported through: (a) appropriate initial training, (b) ongoing training and practice sessions at periodic intervals, and (c) knowing that their actions, if done professionally and correctly (and subject to thorough review following each incident), will be supported by their school administration.

The ongoing debate concerning the appropriateness of physical intervention techniques should not be allowed to hinder school staff as they strive to protect the safety of the students entrusted to their care. Fear-engendered inaction is a form of paralysis by analysis that meets no one's needs, neither students nor staff. The

protection of students must always be our primary objective even when physical interventions—delivered in a timely, appropriate and measured manner—are required to achieve this end. To do otherwise would amount to an abdication of our responsibilities as educators.

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- Perry S. Bickel**, Transition Coordinator, Colonial School District, Plymouth Meeting, Pennsylvania.

*This article does not necessarily reflect the views of Mr. Bickel's current or former employers.*

*Address correspondence to Perry S. Bickel, 950 Greenbriar Drive, Blue Bell, PA 19422 (e-mail: pbbickel@comcast.net).*

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